ENTRY BLANK	1/w#4	10
PLEASE TYPE OR PR	NT /	
☐ Ms. X Mr. ArtistThom	as E. Ball	b o
		(Last Name Last
Permanent Address 12801 I Street	Buckeye Road	, Cleveland City
44120	Daytime Tel. ()	216-752-5577
Zip	Area Code	
Temporary or Studio Address	Same as abov	'e
Street		City
	Daytime Tel. ()	
Zip	Area Code	
If you do not presently Western Reserve, in wh		
Collaborator		

(if Any)

If May Show entries are not accepted or not sold:

- Artist will pick up at Museum.
- ☐ Museum should dispose of.
- Museum should ship to artist at artist's expense to this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry Blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the

Entry Information

Signature

> DO NOT DETACH



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Mate	rials							
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